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TO: All Pharmacy Providers

This ALERT is to notify you of changes to the Medicaid claims processing system.

Effective **May 5, 2001** and thereafter, **all** pharmacy claims submitted to Medicaid will **require** that the first two characters of the recipient's first name be entered on the claim. The characters entered must match the first name as it appears on the Medicaid file. If both characters do not match, the pharmacy claim will be rejected with NCPDP rejection code **62 – Patient/Card Holder ID Name Mismatch**.

Updated vendor specifications have been mailed to vendors notifying them of the upcoming requirement change. Please ensure that your system software will meet these specifications before the May 5, 2001 effective date.

If you have any questions, please contact the ECS Help Desk at (800) 456-1242 or via e-mail at EMCHELP@eds.com

April 1, 2001